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# Follow-up to the Second World Assembly on Ageing: comprehensive overview

## Report of the Secretary-General

*Summary*

The present report is submitted in response to General Assembly resolution 64/132 on the implementation of the outcome of the follow-up to the Second World Assembly on Ageing. The report provides a comprehensive overview of the current status of the social situation, well-being, participation in development and rights of older persons worldwide. For an assessment of national implementation of the Madrid International Plan of Action on Ageing, see A/65/158.

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# I. Introduction

1. The General Assembly, in its resolution 64/132 entitled "Follow-up to the Second World Assembly on Ageing", requested the Secretary-General to submit to the Assembly at its sixty-fifth session a report on the implementation of the resolution (see A/65/158) and a comprehensive report on the current status of the social situation, well-being, development and rights of older persons at the national and regional levels. The present report is submitted in response to the latter request.

2. The report consists of seven sections. Sections II to V focus on the social and economic well-being of older persons and document (a) the demographics of older age; (b) their economic status and participation; (c) the health of older persons; and (d) the societal perceptions and social integration of older persons. On each of these topics, the report attempts to account for the diversity of situations of older persons in society and across the world. It also attempts to capture the changing reality and perceptions of old age as well old persons' own views. The report is based on recent research and empirical data from various sources available to the Secretariat. However, it should be noted that while much data and analysis are available on population ageing, data and information about the lives and situation of older persons are strikingly lacking and seldom included in ageing-related publications.

3. Section VI of the report is devoted to the human rights of older persons. It offers an overview of existing international human rights norms as they pertain to older persons. It includes a few illustrative examples of how international human rights mechanisms have applied relevant norms to critical human rights issues affecting older persons. Finally, section VII offers some concluding remarks.

# II. Demographics of older age

**Where do older persons live?**

4. The world's population aged 60 years and over stands at 760 million in 2010 and is anticipated to pass the 1 billion mark by the end of the current decade.[1] More than half (400 million) live in Asia, including 166 million in China and 92 million in India. Europe is the region with the second largest number of older persons, nearly 161 million, followed by Northern America with 65 million, Latin America and the Caribbean with 59 million, Africa with 55 million and Oceania with 5 million.

5. Although the older population is growing in all parts of the world, most of the increase is taking place in the developing world. On average, 29 million older persons will be added to the world's population each year between 2010 and 2025 — almost twice the number observed between 2000 and 2010 — and over 80 per cent of those will be added in the developing countries.

6. In 2005, slightly over half of the world's older population lived in urban areas, divided approximately equally between urban areas in the less developed and in the more developed regions.[2] The rural areas of the less developed regions still housed

[1] *World Population Prospects: The 2008 Revision*, vol. II: *Sex and Age Distribution of the World Population* (United Nations publication, Sales No. 10.XIII.3).

[2] *World Population Ageing 2009* (ESA/P/WP/212).

nearly 40 per cent of the world's older population, while the rural areas of more developed regions were home to only about 10 per cent.

**Marital status and living arrangements**

7. Worldwide, around 80 per cent of men aged 60 or over, but under half of women of the same age group, currently have a spouse. By region, the proportion of men 60 years and older who are married ranges from 85 per cent in Africa to 73 per cent in Oceania; for women it ranges from 52 per cent in Asia to 39 per cent in Africa. In Africa, older men are more than twice as likely as older women to be married. These large differences by gender come about because women usually outlive their husbands, both because of women's higher life expectancy and because they tend to marry men older than themselves. In addition, men are more likely than women to remarry after divorce or widowhood.

8. In the less developed regions, on average around three quarters of persons aged 60 or over live with children and/or grandchildren, compared to about one quarter of older persons in the more developed regions. Older persons in the more developed regions are more likely to be living as a couple or, especially after the death of a spouse, in a single-person household. Since the surviving spouse is usually the wife, older women are more likely to become widows and spend their older years alone.[3]

9. Approximately 1 out of every 4 persons aged 60 or over lives alone in the more developed regions, compared to 1 out of every 12 in the less developed regions. In Africa, Asia and Latin America and the Caribbean, the levels of solitary living among persons aged 60 or over range from 8 per cent to 11 per cent, according to an assessment carried out in 2009. Within Europe, the different regions show markedly different proportions of older persons living alone, ranging from 19 per cent in southern Europe to 34 per cent in northern Europe. In most developed countries the gender difference in rates of solitary living is large. In Europe and Northern America around one third of women aged 60 or over live alone, compared to around 15 per cent of men.

10. Around the year 2000, roughly 45 per cent of people aged 60 or over in the less developed regions lived together with a child who was in the peak working age (a child aged at least 25 years), while nearly 30 per cent lived only with their younger children or in skipped-generation households with grandchildren. The proportion of older persons living with an older child tended to be highest in Asia and lowest in Africa, with levels being intermediate in Latin America and the Caribbean. Skipped-generation households consisting of grandparents and grandchildren are common in many developing countries. In general, skipped-generation households mostly live in rural areas, and these households also tend to be poor. Skipped-generation households can arise for a variety of reasons. Children may stay with grandparents if their parents have died, migrated for work, or if divorce makes it difficult for parents to raise the children. Older women are especially likely to live in this type of household. In some African countries, particularly those heavily affected by HIV/AIDS, between one fifth and one third of women aged 60 or over were living in skipped-generation households, according to surveys conducted in the 1990s and 2000s. Such households are also common in

[3] United Nations, *Living Arrangements of Older Persons around the World*, 2005 (ST/ESA/SER.A/240).

some Asian and Latin American and Caribbean countries, although to a lesser extent. The proportion of older persons living in skipped-generation households has been rising in countries heavily affected by HIV/AIDS.

**Trends in living arrangements**

11. In recent years the proportion of older persons living alone has risen in many countries, and the proportion residing with children has declined. In the more developed countries there was a rapid increase in the proportion of older persons living alone in the decades following the Second World War, but in some cases the levels have now stopped rising or even show a small decline. Factors that may work to counter further increases in solitary living in those countries include lower mortality, which delays the age at which widowhood occurs, and trends in some countries towards children leaving home at a later age. In the less developed regions, declines in intergenerational co-residence have been observed in many countries, though not in all. In some countries there is no detectable trend or even an increase in co-residence. The average pace of change is in most cases modest, suggesting that co-residence may remain much more common in developing than in developed countries for decades to come.

12. Some countries do show larger trends, though. Asian countries showing large declines in co-residence include Japan, the Republic of Korea and Thailand, all of which underwent rapid economic development and are now experiencing rapid population ageing. In Thailand the percentage of persons aged 60 and over who were living with a child decreased from 77 per cent in 1986 to 59 per cent in 2007.[4] In Japan the proportion of those aged 65 and over co-residing with their adult children declined from 70 per cent in 1980 to 43 per cent in 2005.[5]

13. For most countries there is no information about the extent to which changes in co-residence reflect people's preference or about the net effect of changes on social and psychological well-being. As economic conditions and social services improve, older people may not need to depend on children as much as in the past, and trends towards living apart may indicate a preference for greater privacy and independence.

**Living conditions**

14. Older persons often live in older dwellings that are not adapted to their needs, and they frequently face obstacles to moving about in their communities. Data for Latin America show that, in comparison with younger adults, older persons in many countries are more likely to live in dwellings constructed from low-quality materials, although they are also more likely to own their home and in most countries are less likely to be living in poor neighbourhoods.[6] In some countries in the region, older persons are also more likely to live in dwellings that lack basic

[4] John Knodel, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand", paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3 and 4 June 2009.

[5] Naohiro Ogawa, "Changing intergenerational transfers and rapid population aging in Japan", prepared for the United Nations Expert Group Meeting on Family Policy in a Changing World: Promoting Social Protection and Intergenerational Solidarity, 14-16 April 2009, Doha, Qatar.

[6] UN-Habitat, *Improving the Quality of Life of Elderly and Disabled People in Human Settlements*, vol. I, *A Resource Book of Policy and Programmes from around the World*, 2003.

services, including safe water and sanitation.[7] In Europe, older persons tend to live in less-crowded housing than do younger adults and in most European countries older persons are also more likely to own their home. However, in some countries, primarily those in southern Europe and the newer States members of the European Union, older persons report relatively more housing deficiencies and that they cannot afford home heating.[8]

15. In developed countries, recent decades have witnessed an expansion in housing designed for older persons, including facilities offering assisted-living services. However, unless subsidized by the public sector or charitable institutions, such housing is unaffordable for many of those who might benefit from it. In addition, because of high construction costs, these facilities are often built in peripheral areas far from other services and the residents' old neighbourhoods, family and friends.

16. The availability and quality of institutional long-term care such as nursing homes varies enormously, and good-quality institutional care is expensive. Around 2006, the proportion of persons aged 65 or over living in long-term care institutions was in the range of 5 to 8 per cent in Australia, New Zealand and some northern and western European countries, but levels are considerably lower in eastern and southern Europe as well as in developing countries.[9] Most people in institutions are women aged over 75 years.

17. Many developed countries have been restructuring long-term care services with the aim of enabling more of those needing assistance to remain at home, and rates of institutionalization have declined in the 1990s and 2000s in some countries. Services that help older persons to remain at home include in-home personal care, provision of meals, housekeeping, home maintenance, care management, and treatment for health problems. Services in the community include adult day care, congregate meals and social centres. In many cases, formal in-home care acts as a supplement to informal care provided by family and friends, and some programmes include respite services for unpaid carers, who are sometimes under great stress.

18. In most developing countries there has so far been little development of institutional care apart from limited facilities for sheltering destitute and abandoned elders. However, policymakers in many rapidly ageing developing countries, such as those in eastern and south-eastern Asia, are considering ways of responding to the growing need for long-term care beyond what the family can provide.[10] In Latin America and the Caribbean in 2005, public funding was provided for institutional long-term care in 9 of 14 countries for which information was available, though the reach of the programmes might have been limited in some cases. Five of the 14 countries provided funding for formal home-based care.[11]

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[7] *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C.1).

[8] European Foundation for the Improvement of Living and Working Conditions, *First European Quality of Life Survey: Social dimensions of housing*, 2006.

[9] Organization for Economic Cooperation and Development, *Society at a Glance 2009* (2009) and United Nations, *Living Arrangements of Older Persons around the World*, 2005.

[10] *World Economic and Social Survey 2007: Development in an Ageing World* and Kevin Kinsella and Wan He, *An Aging World: 2008* (2009).

[11] Nelly Aguilera and Jorge Huerta-Muñoz, *CISS-CIESS Survey on Long-term Care in Latin America and the Caribbean*. Working paper CISS/WP/05012. Inter-American Conference on Social Security (CISS), Inter-American Center for Social Security Studies (2005).

**Older migrants**

19. By mid-2010, there were an estimated 31 million international migrants aged 60 and over in the world, accounting for 14 per cent of the total number of migrants. Furthermore, in 2009, approximately 1.1 million people over the age of 60 were living as refugees or internally displaced persons worldwide, making up 5 per cent of the population of concern to the United Nations High Commissioner for Refugees.[12] In some areas they comprised more than 30 per cent of caseloads.

20. Although older persons are less likely than young adults to move over the course of a year, many older persons migrate in response to changes in life circumstances such as retirement, widowhood or changes in health status. Older persons are also affected when children migrate out of the area, and parents may later move to join children who have settled elsewhere.

21. Older persons who move to urban areas within the home country do not face all the problems that international migrants encounter, but they too experience a loss of social networks. A lack of supporting infrastructure in cities, unsafe urban neighbourhoods and inadequate transportation can lead to their being isolated and marginalized.

22. Older persons may be able to join migrant children in the country where they have settled. However, older persons who move for this reason frequently face obstacles in adjusting to life in an unfamiliar land. Often they do not know the local language, they tend to live in a socially circumscribed world and face exclusion from social services and medical care. Health and welfare facilities often lack interpreters, and older immigrants may encounter uncomprehending and unsympathetic reactions from service staff.[13] In addition, older persons who move across national borders often have limited rights to social security in the destination country, depending upon where they came from and whether they moved as workers or as retirees, and their resident status according to the laws of the receiving country.

**Older persons in emergency situations**

23. A cursory review of recent emergency situations for which data are available suggests that such situations put older persons at significantly higher risk of injury and death than the adult population. Of the estimated 1,330 people who died in the United States of America in the wake of Hurricane Katrina in 2005, most were older persons. In the state of Louisiana, 71 per cent of those who died were older than 60 years.[14] In Indonesia, mortality from the 2004 tsunami was highest among young children and older adults. Older persons accounted for most of the tens of thousands of excess deaths in Europe during the 2003 heat wave. In France, which was especially hard-hit, 70 per cent of the deaths were of people aged over 75 years.[15] When an earthquake struck Kobe, Japan, in 1995, over half the immediate casualties were among older persons, and older persons accounted for 90 per cent of subsequent deaths.[16]

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[12] UNHCR, *2009 Global Trends* (2010).

[13] Anthony M. Warnes, Klaus Friedrich, Leonie Kellaher and Sandra Torres, "The diversity and welfare of older migrants in Europe", *Ageing and Society*, vol. 24, pp. 307-326 (2004).

[14] AARP, *We Can Do Better: Lessons learned for protecting older persons in disasters* (Washington, D.C., AARP Public Policy Institute, 2006).

[15] International Red Cross and Red Crescent Societies, *World Disasters Report 2004: focus on community resilience* (Bloomfield, Kumarian Press, 2004).

[16] World Health Organization, *Older Persons in Emergencies: An Active Ageing Perspective* (2008).

24. Chronic conditions and impairments, as well as living alone, are additional risk factors for older persons in emergency situations. Older persons also frequently fare poorly after the immediate crisis has passed. Assistive devices and medicines may have been lost, emergency shelters sometimes have physical barriers such as stairs, and shelters sometimes provide poor access to water and sanitary facilities. Evacuees may need to stand in queues for long periods to obtain food or other assistance. Forms that need to be filled out to request compensation and benefits may be impossible for illiterate older persons to complete.[16]

## III. Economic status, labour force participation, income and poverty

### Labour force participation

25. Worldwide in 2008, approximately 30 per cent of men and 12 per cent of women aged 65 or over were economically active. This compares to activity rates at the peak ages of labour force participation (ages 24-54) of 95 per cent for men and 67 per cent for women. Women's labour force participation is typically lower than men's at all ages, primarily because more of women's time is devoted to maintaining the household and caring for children and other dependants. Also, women's non-household work is sometimes undercounted in censuses and surveys, especially when women work on a family farm or in a small family business.

26. At ages 65 or over, only 15 per cent of men in the more developed regions are economically active, compared to 37 per cent of those in the less developed regions. For women, the corresponding figures are 8 and 14 per cent. Africa is the region with the highest rates of participation at those ages (53 per cent and 28 per cent for men and women, respectively), followed by Latin America and the Caribbean (47 per cent and 19 per cent). Since social security coverage in many developing countries is limited, many older persons have to work out of economic necessity, which is reflected in their significantly higher rates of employment.

27. Women's participation in the labour force has been rising in most countries. The increases are largest at ages below 65 years, but in most regions women's labour force participation has also risen at ages 65 or over. By contrast, men's participation at ages 55 to 64 and 65 or over declined significantly between the 1970s and the mid-1990s in most developed countries, especially in Europe. In many of those countries, the decline reversed after the mid-1990s, particularly at ages 55 to 64. Men's participation at ages 65 or over has also rebounded in some countries. In developing countries, on average there has been only a small downward trend since 1980 in men's labour force participation at ages 55 to 64, but in many cases a significant decline at ages 65 or over.

28. Many factors influence labour force participation at older ages. Economic conditions and retirement policies play an important role. Declines in health status and physical strength are also important reasons for the rates of economic activity falling off with age. In addition, trends for older women reflect broader economic and social changes that have brought more women of all ages into the workplace.

29. Older workers are more likely than their younger counterparts to work in agricultural and informal-sector jobs, and to work part time. In developing countries, often the only employment available to older persons is in the informal

sector, which typically implies low pay, an insecure job, tenure-limited opportunities for advancement and lack of retirement benefits. In developed countries highly skilled workers tend to retire later than the low-skilled, and older workers are overrepresented not just in agriculture, but also in the expanding fields of education, health and social work.

30. Part-time work can provide a transition to retirement for older workers. On average, in 15 European countries surveyed in 2002, 37 per cent of working women aged 60 to 64 were employed part-time, as were 63 per cent of those aged 65 or over. Rates of part-time work were lower for men but also increased with advancing age.[17] However, such jobs often come with weak job tenure, low wage rates and few opportunities for training and advancement. In addition, working beyond the official pensionable age sometimes means foregoing some social security and pension benefits.

**Retirement**

31. Most countries have a statutory retirement age at which workers covered by the system are entitled to receive pension and other retirement benefits. As of 2009, the statutory retirement age varied among countries from 50 to 67 years, with ages tending to be lower in developing than in developed countries. Workers who retire earlier than the specified age often can claim a reduced benefit. However, only a minority of workers in most developing countries are employed in jobs that entitle them to a pension, and many older people need to work as long as they are physically able.

32. In about 60 per cent of countries, the age to receive a full pension is the same for men and women. In the other 40 per cent, the age is lower for women — typically by five years — even though women can expect to live longer than men. This type of arrangement is more common in developing than in developed countries. However, there has been a trend to reduce or eliminate the different treatment of the sexes.

33. Many countries have recently taken steps to increase the retirement age. In member countries of the Organization for Economic Cooperation and Development (OECD), this follows an earlier period in which many countries lowered the age. For men, the pensionable age in OECD countries declined by 2.5 years between 1958 and 2000, to around 62 years on average. Then, between 2000 and 2009, the average pensionable age increased by 2 years, with further increases already planned in some countries.[18]

34. In developed countries, the effective actual age of retirement is below the statutory retirement age with few exceptions. As of 2001, the average effective age of retirement in the States members of the European Union was 60 years[19] compared to about 65 for the statutory retirement age. In addition, women in OECD countries on average withdraw from the labour force about two years earlier than

[17] Antonio Corral and Iñigo Isusi, "Part-time work in Europe", European Foundation for the Improvement of Living and Working Conditions (Dublin, 2007). Accessed 16 May 2010. Available from: www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf.

[18] Anna D'Addio and Edward Whitehouse, "Pensions at a glance", media briefing note (OECD Publishing, 23 June 2009).

[19] European Commission, *Employment in Europe 2007* (Brussels, European Communities, 2007).

men. There seems to be a tendency for spouses to retire near the same time, with wives retiring earlier as they are usually younger than their husbands.

35. For workers with pension coverage, rules governing pension entitlements have a strong effect on the timing of withdrawal from the labour force. In some cases, older workers are pushed out of the labour force by mandatory retirement ages. Other push factors include negative employer attitudes towards older workers, outdated skills, limited access to opportunities for retraining, and inflexible working hour arrangements. In some situations, employers perceive a financial advantage to replacing senior workers with younger ones, who can be paid less. In addition to the push factors, there may also be implicit financial incentives to retire at the official retirement age, or indeed before it. Long-term impairment, sickness and employment benefits have also played a role in encouraging early retirement in some countries.

**Poverty and income security in old age**

36. In OECD countries, an average of 13.3 per cent of persons aged over 65 are poor, as compared to 10.6 per cent of the general population, according to data for the mid-2000s.[20] In that assessment, persons classified as being poor are those with incomes, net of taxes and benefits, below half the national median income. Among the OECD countries, the old-age poverty rate is above 20 per cent in Australia, Greece, Ireland, Japan, Mexico, the Republic of Korea and the United States. In around two thirds of the countries, the incidence of poverty among older persons is above the population average, in some cases by over 10 percentage points. Among older persons, poverty incidence tends to increase with age: the older-old (80 years and older) had poverty rates around 50 per cent above the population average, whereas the younger-old (65-79 years old) had rates that were slightly below average.

37. The level and coverage of benefits provided by old-age "safety-net" programmes have had a large effect on old-age poverty rates in OECD countries. Generous safety-net benefits lead to a relatively low risk of poverty for older people in Canada, Luxembourg, the Netherlands and New Zealand, to name a few. However, average safety-net benefits are worth only a little over half of the OECD poverty threshold in Japan and the United States and only about one third of the threshold in Greece.

38. In most OECD countries, older women are more likely to be poor than are older men. On average, 15 per cent of older women and 11 per cent of older men are poor, as compared to an average of 10 per cent of women and 9 per cent of men in the working ages. Older women often have lower pension entitlements than older men owing to women's shorter time spent in the labour force and their lower earnings when employed. The gender gap in poverty is usually larger among those aged over 75 than among the younger-old.

39. Old-age poverty in OECD countries is also strongly associated with employment and living arrangements. Among persons aged over 65, only 7 per cent are poor, on average, if the household contains a working adult, compared to 17 per cent in households with no worker. Poverty averages 25 per cent among older persons living alone, but only 9 per cent among those living as a couple. The relative risk of old-age poverty has fallen in OECD countries in the past three decades. In the 1980s, average poverty rates for those aged over 75 years were

[20] OECD, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries* (Paris, 2009).

nearly double those of the general population, and rates for those aged 66 to 75 were also above the population average.

40. Information about income poverty among older persons in developing countries is limited and, because of conceptual and methodological differences in the way poverty is measured, statistics are often not comparable between countries and regions. One study of countries in sub-Saharan Africa found that in 9 of 15 low-income countries, poverty levels in households that included an older person were significantly above the population average; in the other countries the difference was not statistically significant.[21] In Latin America and the Caribbean, however, in only 6 of 20 Latin America and Caribbean countries were poverty rates found to be higher among older persons than in the general population.[22] Patterns in other regions are also mixed.

**Sources of income**

41. In OECD countries, older persons enjoy a net income from all sources of around 80 per cent of the average population income. In most of the countries, public transfers account for over 60 per cent of disposable income among people aged over 65 on average. This includes earnings-related pensions provided through the public sector as well as basic, resource-tested and minimum income programmes. Earnings from work typically contribute around 20 per cent of older people's income, and other sources, including private pension schemes and investments, contribute nearly 20 per cent. However, sources of income differ by country. For instance, earnings from work account for under 10 per cent of older people's income in France, the Netherlands and Sweden but around one third in the United States, over 40 per cent in Japan, and almost 60 per cent in the Republic of Korea.

**Pension systems and coverage**

42. Although nearly 40 per cent of the population of working age lives in countries that have some provisions for old-age pensions, in practice only about 25 per cent of the working-age population is contributing to a pension system or accruing pension rights.[23] Rates of pension coverage tend to increase with countries' levels of per capita income. Moreover, within countries coverage tends to be lower among the less educated, who typically earn less. Workers in the agricultural and the informal sectors of developing countries usually are not enrolled in pension schemes, and countries with large agricultural and informal sectors therefore tend to have low coverage.

43. The share of the working-age population actively contributing to a pension scheme ranges from a low of 5 per cent in Africa to roughly 20 to 35 per cent in other less developed regions, up to about 50 per cent in central and eastern Europe

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[21] Nanak Kakwani and Kalanidhi Subbarao, *Ageing and poverty in Africa and the role of social pensions*, International Poverty Centre Working Paper, No. 8 (Brasilia, UNDP International Poverty Centre, 2005).

[22] Leonardo Gasparini, Javier Alejo, Francisco Haimovich, Sergio Olivieri and Leopoldo Tornarolli, "Poverty among the Elderly in Latin America and the Caribbean", Background paper for the *World Economic and Social Survey 2007: Development in an Ageing World*. Available from www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf.

[23] International Labour Office. *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version (Geneva, 2010).

and 65 per cent or more in northern America and western Europe. The International Labour Office estimates that around 40 per cent of people above the legal retirement age are receiving a pension. In developing regions, only about 15 per cent of older people in sub-Saharan Africa receive a pension, 30 per cent in Asia and around 50 per cent in Latin America and the Caribbean. Reforms to contributory pension systems in Latin American countries since the 1980s have not led to increased coverage. Indeed, coverage has declined in some cases as employment in the informal sector has grown.

44. In most OECD countries a large majority of the labour force is covered by a public or private contributory pension scheme, and all of them also have general safety nets to provide at least a minimum income in old age.[24] Contributory pensions are typically supplemented by a resource-tested, basic or minimum public scheme that tends to redistribute income towards older persons who have low incomes from other sources.

45. Pension systems are evolving as Governments try to balance the goal of protecting living standards of older persons with that of ensuring financial sustainability in the face of population ageing. Some countries have recently increased contribution rates for workers, and some are increasing the age of entitlement to a pension, adjusting the level of payments, or making changes designed to discourage early retirement. In making these changes, Governments have usually tried to protect lower-income workers from the risk of poverty once they retire, but in some countries the reforms adopted up to 2009 could result in increased poverty among future retirees.[24]

46. In response to the limited coverage of the contributory pension system, some developing countries have adopted non-contributory "social" pension schemes to provide a basic income for older persons (see A/HRC/14/31, sect. III). In Latin America social pensions are provided in Argentina, Bolivia (Plurinational State of), Brazil, Chile and Uruguay, and in Africa, in Botswana, Lesotho, Mauritius, Namibia, South Africa and Swaziland. In South Asia they have been introduced in Bangladesh, India and Nepal. The programmes differ in generosity of benefits provided as well as in eligibility criteria. Social pensions that provide wide coverage and relatively generous benefits, such as those in Brazil, Mauritius and South Africa, can greatly reduce poverty in old age. Even when the amount of the pension would leave many recipients below the poverty line, such pensions reduce the depth of poverty and can lead to improved health and nutrition of everyone in the recipient's household.

**Access to financial services**

47. There are numerous reports, from all over the world, of older people being excluded from access to financial services and credit. Besides the advanced age, other factors that lead to financial exclusion include low household income and lack of paid employment and disability. Older people who cannot obtain credit through normal channels sometimes turn to lenders that charge exorbitant rates.

**Intergenerational transfers**

48. When older people lack access to a pension, they usually depend on family when they can no longer support themselves. In this regard, concern is often

[24] See OECD, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries*.

expressed that economic development and the social changes that accompany it have undermined traditional systems of family support for older persons. However, survey research in both developed and developing countries generally finds that family ties have been adaptable and resilient in the face of social and economic change and that family members frequently assist one another in times of need, even if they are less likely than in the past to live together in the same household. That is not to say, however, that families invariably can or do provide adequate support.

49. Recent research has found that older people, especially the younger-old, are more likely on balance to provide financial support to younger family members than they are to receive it. In both developed and developing countries, the net direction of economic transfers within the family is primarily from older to younger family members.

50. In some countries where property rights are defined by customary law, women are excluded from the transmission of assets and denied secure tenure to property.[25]

## IV. Health and access to health care

51. Advancing health and well-being into old age is among the priority directions of the Madrid International Plan of Action on Ageing, 2002. A high level of health of the population is both a central aim of development and a key promoter of economic growth and development of societies. For older individuals, good health contributes to personal well-being and enables older people to participate actively in the economic, social, cultural and political life of their societies.

### Health and survival of older persons

52. The twentieth century witnessed an unprecedented decline in mortality. Between 1950 and 2005, people's chances of surviving to old age improved substantially in all world regions, and those who survive to age 60 can also expect to live longer than in years past. Women who reach age 60 can expect to live another 21 years, on average, and men another 18 years, given mortality levels of 2005-2010. In 1950-1955, the comparable figures were only 16 years for women and 14 years for men.[26] Life expectancy at age 60 also shows significant differences by major area, being lowest in Africa (15 years for men and 17 years for women) and highest in Northern America and Oceania (21 years for men and 25 years for women).

53. Success at controlling communicable diseases has led both to lower mortality and also a shift in causes of death. As the proportion of deaths owing to communicable diseases declines, non-communicable diseases such as cardiovascular disease, stroke and cancer come to account for a greater proportion of the total.[27] Among older people, non-communicable diseases already account for most deaths and most of the disease burden even in low-income countries. Worldwide in 2004, non-communicable diseases are estimated to have caused 86 per cent of deaths at ages 60 or above, ranging from 77 per cent of deaths in low-income countries to

[25] Tavengwa Nhongo, "Age discrimination in Africa", International Federation on Ageing Conference, Copenhagen, 30 May-2 June 2006.

[26] *World Population Prospects: The 2008 Revision*, vol. II.

[27] See E/CN.9/2010/3, sect. I.

91 per cent in high-income countries. Controlling for differences in population age distributions, the burden of non-communicable disease is higher in low- and middle-income countries than in high-income countries, particularly for heart disease and stroke. The burden of vision impairment and hearing loss is also greater in low- and middle-income countries.[28]

**Chronic diseases and impairments**

54. People living in developing countries not only face lower life expectancies than those in developed countries, but also live a higher proportion of their lives in poor health. At all ages, both moderate and severe levels of impairment are higher in low- and middle-income countries than in high-income countries, and they are higher in Africa than in other low- and middle-income countries. The average global prevalence of moderate and severe impairment is about three times higher among persons aged 60 or over than among those aged 15 to 59 years. Studies in both developed and developing countries show that women's advantage in life expectancy is accompanied by a greater burden of chronic disease and impairment in old age. Women can expect to live longer and to spend a greater total number of years in good health than can men; however, women spend a greater proportion of the older years in poor health.[29]

55. Hearing loss, vision problems and mental disorders are the most common causes of impairment overall. Chronic diseases such as dementias, chronic obstructive pulmonary disease and cerebrovascular disease are especially common at higher ages. Low-income populations tend to have high rates of impairment owing to preventable causes such as injuries, and people in those countries often lack access to basic interventions such as eyeglasses, cataract surgery, hearing aids or assistive devices that can keep functional limitations from becoming disabling.[30] Several of these long-term physical, mental, intellectual or sensory impairments, in interaction with various barriers, may constitute a disability and hinder the full and effective participation in society of older persons.

**Trends in chronic conditions and impairments**

56. Education is strongly associated with health and mortality in cross-sectional data. This had led to the expectation that increases in the average level of education in the population could contribute to prolonging the number of years spent in good health in old age. However, not all trends are favourable. Rising levels of obesity, increased tobacco and alcohol consumption in some populations, the emergence of new infectious diseases, including HIV/AIDS, and the resurgence of old ones such as malaria and tuberculosis, threaten to undercut advances in health, including among older persons. Recent decades have witnessed serious increases in mortality in some countries. Many countries in eastern Europe and the former Union of Soviet Socialist Republics experienced rising adult mortality after the 1970s, especially among men, and life expectancy also declined after the early 1990s in the countries hardest hit by HIV/AIDS.[31]

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[28] World Health Organization, *The Global Burden of Disease: 2004 update*, p. 48.

[29] Kinsella and He, op. cit.; and *World Economic and Social Survey 2007: Development in an Ageing World*.

[30] World Health Organization, *Global Burden of Disease* (2004 update).

[31] *World Population Prospects: The 2008 Revision*, vol. II.

57. Included among the health conditions of growing concern for older persons are mental disorders, the threat of HIV and AIDS, and obesity. For example, country studies show that a high proportion of older people suffer from depression, loneliness and anxiety.[32] These problems may arise in connection with major life changes such as the death of a spouse or a sudden decline in health. In addition, Alzheimer's and other dementias cause profound impairment and often place a severe burden on caregivers. An estimated 36 million people worldwide are living with dementia in 2010 and the number is projected to nearly double every 20 years.[33]

58. The rising health burden of HIV on older persons is another health issue that is often overlooked. Although an estimated 2.8 million people aged 50 and over were living with HIV as of 2006, HIV prevention, care and treatment programmes the world over pay little attention to older persons out of a misconception that they are at little or no risk. As a result, women over age 49 and men over age 54 or 59 are rarely included in the HIV screening conducted as part of many recent demographic and health surveys in developing countries.[34]

59. Many experts worry that rising levels of obesity are undermining prospects for improved health in old age. Levels of obesity typically rise with advancing age, reaching a peak in the late 60s to late 70s, depending on the country.[35] Being overweight or obese leads to increased risks from cardiovascular disease (mainly heart disease and stroke), diabetes, arthritis and some cancers. Persons suffering from obesity are also less likely to successfully carry out activities of daily living. In developing countries under-nutrition, rather than obesity, has long been the main nutritional problem. Although that is still the case in many countries, especially in sub-Saharan Africa and southern Asia, recently obesity has also emerged as a serious health problem in developing countries, especially in urban areas. Inadequate nutrition early in life, followed by exposure to high-fat, energy-dense, micronutrient-poor foods and lack of physical activity, yields a high risk of obesity at older ages.[36]

**Access to health care**

60. Although people of all ages need access to affordable health care, older people's needs tend to be particularly great because chronic health conditions and disabilities become more common with advancing age. Yet, financial barriers often may make it impossible for poor families to obtain needed medical care or other forms of care. Access is also constrained by a shortage of qualified medical staff, especially in rural areas where older people, whose mobility is often limited, are especially likely to have difficulty reaching services.

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[32] Peter Lloyd-Sherlock, *Population Ageing and International Development* (The Policy Press, 2010), p. 99.

[33] Alzheimer's Disease International, *World Alzheimer Report 2009*.

[34] Macro International, Inc., HIV Prevalence Estimates from the Demographic and Health Surveys (Calverton, Maryland, Macro International, 2008).

[35] Franco Sassi, Marion Devaux, Michele Cecchini and Elena Rusticelli, "The obesity epidemic: analysis of past and projected future trends in selected OECD countries", OECD Health Working Paper No. 45 (Paris, 2009).

[36] World Health Organization, Fact Sheet No. 311 (September 2006). Available from www.who.int/mediacentre/factsheets/fs311/en/index.html.

61. Another issue in developing countries is that systems of health care have been developed with a primary focus on combating communicable disease, and the systems are poorly adapted for care and prevention of chronic disease. Services that are inaccessible to the older population, dismissive or impolite treatment by health service staff and lack of appropriate medicines for dealing with chronic health conditions are among the problems mentioned repeatedly in regional assessments of services for older people in Africa, Asia and Latin America and the Caribbean.[37]

62. Age discrimination in health care has also been reported in more developed countries. Age-based inequalities in clinical treatment are due in part to a lack of gerontological or geriatric training, so that staff complete training with little knowledge of the specific care needs of older persons. A review of published medical research from 18 developed countries found evidence that many physicians have preconceived beliefs and negative attitudes towards older people, and that this sometimes leads to de facto rationing of care on the basis of age rather than on an objective assessment of the patient's likelihood of benefiting from treatment.[38] Compounding that problem, older people are severely underrepresented in clinical trials of new medicines and procedures, resulting in the lack of information about treatment outcomes among older patients.

**Long-term care**

63. In many developed countries, long-term care is typically provided informally in the home by family and friends, principally by spouses and adult children. Developed countries also provide formal care under systems that vary considerably among countries, but generally include provisions for both institutional care and services delivered in the home. Persons aged 80 years or over are much more likely to receive long-term care than are the younger-old, and women within each age group are more likely than men to receive formal care services and to be in an institution.[39] Older women's greater likelihood of being widowed and living alone in old age often limits the feasibility of their remaining at home when serious illness or impairment strikes. Being married lowers the likelihood of living in an institution for both sexes, but more significantly so for men.[40]

64. Both for reasons of cost containment and because older persons prefer to stay at home, in many countries there has been a shift over time away from institutional care.[41] However, this shift has not been universal among OECD countries, as there was a bidirectional trend during the 2000s: countries with a low proportion of older people receiving formal long-term care within OECD countries in 2000 showed an increase, while the trend was the reverse in many of the countries with relatively high proportions of recipients as of 2000.

65. In developing countries, the responsibility for providing long-term care usually falls entirely on the family. This can be a heavy burden for families with already

[37] Albert I. Hermalin, *Ageing in Asia: Facing the Crossroads*. Elderly in Asia Report No. 00-55 (Ann Arbor, Michigan, USA: Population Studies Center, University of Michigan, August 2000).

[38] AARP International, "Age-based inequalities in medical treatment" by Constantina Safiliou-Rothschild, *The Journal: Winter 2010*.

[39] *Living Arrangements of Older Persons around the World*, 2005, and Organization for Economic Cooperation and Development, *Society at a Glance 2009*.

[40] *Living Arrangements of Older Persons around the World*, 2005, and Kinsella and He, op. cit.

[41] OECD, *Society at a Glance 2009: OECD Social Indicators*.

stretched resources, preventing adults from working and children from attending school. A series of case studies sponsored by the World Health Organization found nascent efforts to develop some type of assistance services in several developing countries.[42] However, those programmes did not have a significant reach as of the early 2000s. Within the family, women provide most of the day-to-day care for older persons who need assistance in both developing and developed countries. The Survey on Health, Well-Being and Ageing in Latin America and the Caribbean (SABE) found that the typical caregiver was a woman aged over 50 years, and that caregivers experienced high levels of stress.[43]

**Neglect, abuse and violence**

66. In some instances, stress related to caregiving can lead to an older care recipient's being subjected to neglect and abuse — be it physical, emotional and/or financial — and violence. In countries that have established residential/institutional long-term care facilities for older people, elder abuse has been documented as perpetrated by staff, visiting families and friends, and other residents.

67. Some research suggests that the occurrence of elder abuse may be higher in residential settings than domestic settings, and that certain forms of abuse may be more common in institutional care. Seven per cent of complaints to long-term care ombudsmen in the United States involve abuse, gross neglect and exploitation.[44] In a survey of American nursing home personnel, 10 per cent of nurses and nursing assistants admitted to at least one incident of physical abuse and 81 per cent admitted to at least one incident of psychological abuse the previous year.[45] In a German survey of nursing home staff, 79 per cent acknowledged having abused or neglected a resident at least once during the prior two months and 66 per cent witnessed comparable actions by other staff, with neglect and psychological abuse the most common forms.[46] Similarly high percentages of resident abuse were found from surveying licensed facility managers in New Zealand; 92 per cent identified at least one resident who experienced elder abuse during the past year, usually psychological abuse. However, in 63 per cent of the situations a family member was responsible.[47]

68. The World Health Organization estimates that between 4 and 6 per cent of older persons worldwide have suffered from a form of elder abuse — either physical, psychological, emotional, financial or due to neglect.[48] Some risk factors for elder abuse include social isolation, the societal depiction of older persons, and

[42] World Health Organization, *Long-Term Care in Developing Countries: Ten Case-Studies* (2003).

[43] C. Albala and others, "Encuesta Salud, Bienestar y Envejecimiento (SABE): metodología de la encuesta y perfil de la población estudiada", *Revista Panamericana de Salud Pública*, vol. 17, No. 5-6 (2005), pp. 307-322.

[44] G. S. Ingalls, L. T. Layton, and N. B. Weitzel, "Elder abuse originating in the institutional setting", *North Dakota Law Review* 1998, vol. 74, pp. 312-339.

[45] K. Pillemer and D. W. Moore, "Highlights from a study of abuse of patients in nursing homes", *Journal of Elder Abuse & Neglect* (1990), vol. 2, No. 1/2, pp. 5-29.

[46] T. Georgen, "Stress, conflict, elder abuse, and neglect in German nursing homes: a pilot study among professional caregivers", *Journal of Elder Abuse & Neglect* (2001), vol. 13, No. 1, pp. 1-26.

[47] M. Weatherall, "Elder abuse: a survey of managers of residential care facilities in Wellington, New Zealand", *Journal of Elder Abuse & Neglect* (2001), vol. 13, No. 1, pp. 91-99.

[48] World Health Organization (2002). "Abuse of the elderly". Accessed 4 December 2006. Available from www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf.

the erosion of bonds between generations. In many societies, older women are at special risk of being abandoned and having their property seized when they are widowed. Institutional abuse occurs most often when there are poorly trained and/or overworked staff and when care standards are low or inadequately monitored.

69. Only a few risk factors have been validated by substantial research for domestic elder abuse. These include: shared living arrangements between victim and perpetrator, with the frequency of contact serving to flame tension, conflict and abuse; social isolation, which can increase family stress and decrease problem visibility or intervention; dementia on the part of either the victim or perpetrator, with its symptoms of aggressive and difficult behaviours, which can foster abuse or retaliation against abuse by the caregiver; and pathology on the part of the perpetrator, where substance abuse, mental illness or personality disorders can provoke anger or frustration and reduce inhibitions for abuse occurrence.

# V. Perception, participation and integration of older persons in society and development

70. The active participation of older persons in society and development rests on older persons having opportunities to continue contributing to society. The contributions of older persons reach beyond their economic activities and extend into their roles in families and in the community. Often these contributions cannot be readily measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contributes to the growth and maintenance of the personal well-being of older persons and the population at large. At the same time, negative perceptions and stereotypes of older persons can hinder their integration and participation in society.

71. Therefore, although there is some recognition of the vital contributions that older persons make, in many countries this segment of the population still tends to be excluded, particularly from the formulation and implementation of policies and programmes which directly affect it.

### Perceptions of older persons

72. Societal perceptions of old age and older persons are based partly on the social and economic position of older persons, and ageist stereotypes abound in both developed and developing countries. This also dictates how older persons are viewed and treated, even when societal agreement for material support of older persons is strong.

73. Surveys on perceptions of old age and older persons in developing countries are lacking. One exception is a survey undertaken by the HSBC Bank on attitudes towards ageing and retirement, which includes countries with emerging economies such as Brazil, China, India and Mexico.[49] The survey points to changing and differing perceptions between countries of what constitutes old age. In developed

[49] HSBC, "*The Future of Retirement in a World of Rising Life Expectancies: Attitudes towards ageing and retirement — a study across 10 countries and territories*" (2005).

countries, retirement is increasingly viewed as a new beginning in life and "old age" is linked to the decline of a person's physical and mental abilities.

74. In developing countries, the notion of retirement is incongruent with life experience, as only a small share of workers are employed in the formal economy and could actually "retire" from their jobs. In this context, old age is traditionally linked to family events such as becoming a grandparent — such as in India — or reaching a milestone age, such as age 50 in China and Mexico. According to the HSBC survey, significantly fewer respondents in developing countries than in developed countries view old age as a period of life to look forward to. In all five developing countries surveyed, both older and younger generations value family as central to life in old age and expect to rely on their children for care and support in old age. At the same time, the study reveals an emerging generational difference in views of old age, with a minority of respondents, particularly in Asia, holding negative views of older persons.

75. Negative views of older persons are also not uncommon in developed countries. For example, in the United Kingdom of Great Britain and Northern Ireland, despite having a high level of citizen support for publicly provided benefits to older persons, a series of studies conducted by the Department for Work and Pensions found that both negative and positive stereotypes of older persons were strongly held by significant segments of the population.[50] Furthermore, persons over 70 were often perceived as placing an undue burden on the economy and the society. As a corollary, almost half of respondents saw age discrimination as a serious issue in the country and over a quarter of respondents reported having experienced ageism.

**Intergenerational care**

76. According to the 2004/2005 European Social Survey of 13 European countries, up to 62 per cent of mothers in paid employment rely on grandparental care provision for their children under the age of 7 years. Grandparents are most likely to provide care when they are 60 to 65 years old. Grandmothers are more involved in informal childcare than grandfathers, with maternal grandparents being more involved than paternal grandparents.

77. Research based on the Survey of Health, Ageing and Retirement in Europe (SHARE) carried out in 10 continental European countries indicates that 58 per cent of grandmothers and 49 per cent of grandfathers provided some sort of care for a grandchild aged 15 or younger in the last 12 months. The highest regular care (weekly or more) provided was recorded in southern European countries (Greece, Italy and Spain), mostly because of the more common co-residence of generations in southern Europe.[51]

**Civic and political participation**

78. An important means by which the voices of older persons are heard is through their active political participation, either individually or collectively.

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[50] Department for Work and Pensions, United Kingdom, *Attitudes to age in Britain 2004-08* (Research Report No. 599, 2009).

[51] K. Hank and I. Buber "Grandparents Caring for Their Grandchildren: Findings from the 2004 Survey of Health, Ageing and Retirement in Europe", *Journal of Family Issues* (2009), vol. 30, No. 1, pp. 53-73.

79. Globally, people over 60 years of age account for 17 per cent of the population eligible to vote. By 2050, over one third of the voting population worldwide will be over 60. In 2005, eligible voters amounted to slightly more than 10 per cent in the least developed countries, to a little less than 15 per cent in the less developed regions, and to around 25 per cent in the more developed regions. This population is projected to reach at least 15 per cent in the least developed countries by 2050, to around 27 per cent in the less developed regions, and to slightly more than 40 per cent in the more developed regions.[52]

80. The high rate of voter turnout among older persons is an indicator of their ongoing interest in public affairs as well as their desire to influence the political process. Countries with a large constituency of older persons who regularly exercise their democratic right to vote help to ensure that their voices are heard and the needs and concerns of older persons are met. Policies directed at older persons have garnered increasing attention in some parts of the world, partly because the changing demographics demand it, but perhaps more importantly because older persons in those countries tend to be more politically and socially active than members of other age groups.

81. A few countries have political parties of older persons. Among them are the Gray Party in Germany, the Ukrainian Party of Pensioners, and a Pensioners' Party in Russia, which merged with another party a few years ago to become one of the most significant political parties in the country.

82. Since the Second World Assembly on Ageing, a number of government initiatives have sprung up, aimed at creating forums for participation of older persons. Some Governments have created coordinating bodies on ageing issues, which included older persons along with such "traditional" stakeholders as government agencies.

83. Organizations of older persons provide an important means of enabling participation through advocacy and promotion of multigenerational interactions, particularly for older women, who often remain voiceless. These groups help to harness the political influence of older persons and ensure that they can effectively participate in decision-making processes at all levels of government.

**Literacy and educational attainment**

84. Worldwide, levels of literacy and education have risen significantly over the past decades. However, literacy levels and the educational attainment of older persons remain significantly lower than those of the younger generations.

85. Literacy levels among persons aged 65 and over range from a high 97 per cent in the more developed regions down to 54 per cent in the less developed countries.[53] Literacy among older women is particularly low in the less developed regions: 42 per cent. In Africa, the literacy rate of persons aged 65 and older is 43 per cent for males and 22 per cent for females. In Asia, it reaches 71 per cent for males and 47 per cent for females, while in Latin America and the Caribbean it stands at 77 per cent for males and 71 per cent for females. Furthermore, literacy levels and

[52] See www.helpage.org/Researchandpolicy/Stateoftheworldsolderpeople/Discriminationandrole.

[53] UNESCO Institute for Statistics (UIS), Education Indicators and Data Analysis, Elderly (65+) Literacy Rates and Illiterate Population by United Nations Statistics Division Regions, Pre-April 2009 data release (Reference years 2005-2007).

educational attainment are lower in rural, compared to urban, areas of most countries.

86. By 2005, over 50 per cent of the population aged 55 to 64 years had completed secondary education in the majority of OECD countries. In contrast, in developing countries, secondary education completion levels at ages 55 to 64 were considerably lower. Secondary education completion levels for people aged 65 years and older were generally about half of those for the age group 55 to 64 in developing countries. In most countries sampled, less than 4 per cent of older women (65 years and above) had completed secondary school.[54]

**Opportunities for continuous learning**

87. In Western countries, a tendency to divide the life cycle into three distinct periods emerged during the twentieth century: learning, work and retirement. The distinction between these three periods has blurred, particularly for older persons, as people may combine learning activities with retirement, or participate in training programmes as a means of extending their working years.

88. Many countries have begun to recognize that creating opportunities for continuing education and training are important to the integration of older persons in society. Aside from the obvious benefits to maintaining marketable skills in the job market, lifelong learning brings a range of social benefits as well. Older persons who continue learning remain engaged in matters that interest them, have an opportunity to socialize with other students, and are able to stay abreast of technological changes, particularly those in the realm of information technology. Moreover, lifelong learning enables people to keep pace with new developments in health care, nutrition and caregiving, all of which can help to improve the quality of life. Yet opportunities to engage in ongoing learning opportunities remain relatively scarce in many countries.

89. A study of the situation in Europe showed that although access to training for workers increased from 1995 to 2005, training opportunities provided by employers for older workers are infrequent. According to a survey by the European Foundation for the Improvement of Living and Working Conditions, "only one in five of those aged 55 and over report having received training paid for or provided by their employer in the previous 12 months (compared to 27 per cent of all workers). For other categories of training, such as on-the-job training, older workers also fare worse than their younger counterparts".[55] Older persons themselves can be resistant to training opportunities, especially if they have been employed in the same industry, doing the same job for many years. This may stem from a fear of having to learn something new. Men, in particular, tend to be most resistant to learning new skills. However, there is also a growing body of evidence which shows that older persons welcome opportunities for learning.

90. In the case of dislocated workers, there has been a tendency to offer those over age 50 or 55 early retirement rather than retraining opportunities. Early retirement was seen as a more benign way to deal with downsizings or restructuring. But the combination of increasing longevity, mounting pension liabilities and growing skills

[54] See Kinsella and He, op. cit.

[55] European Foundation for the Improvement of Living and Working Conditions, *Foundation Focus: Age and Employment*, Issue 2 (September 2006)

shortages has discouraged these practices and retraining programmes are growing in prominence.

# VI. Human rights of older persons

**International human rights principles and standards**

91. Human rights are by definition universal. By virtue of the universal scope of all rights, the whole range of internationally recognized human rights standards and principles, as contained in core international human rights treaties, also covers and protects older persons. Older persons are not a homogenous group, hence the challenges they face in exercising their human rights vary greatly. Multiple discrimination appears as an essential component of a human rights analysis, particularly age-related discrimination linked to other grounds of discrimination such as sex, socio-economic status, ethnicity and health status.

92. The International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights include highly relevant provisions for protection of the human rights of older persons, such as the rights to life, to health, to an adequate standard of living, to freedom from torture, and to legal capacity and equality before the law. The Convention on the Elimination of All Forms of Discrimination against Women, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities also contain provisions which are applicable to older persons within their relevant scope.

93. Despite the fact that the norms in existing international human rights treaties apply to older persons in the same way as to other persons, it has been suggested that there is a gap in the international human rights system. Namely, there is no specific provision focusing on older persons, nor a universal human rights instrument on their rights, as is the case for other categories of persons such as women or persons with disabilities. Nevertheless, two human rights instruments do contain explicit references to "age": the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, which includes "age" in the list of prohibited grounds for discrimination (article 7); and the Convention on the Rights of Persons with Disabilities, which includes miscellaneous references to older persons, in article 25 (b) on the right to health, and in article 28, paragraph 2 (b), on the right to an adequate standard of living.

94. While not all older persons are disabled and ageing should not be equated to disability in and of itself, many older persons are also persons with disabilities and therefore covered by the Convention on the Rights of Persons with Disabilities. There is no doubt that ageing can lead to physical, mental, intellectual or sensory impairments and that that Convention offers unexplored potential to respond to some human rights issues. Moreover, some provisions of the Convention — such as those referring to accessibility and encouraging universal design — would also benefit older persons, regardless of being qualified as persons with disabilities.[56] For example, inaccessible buildings or services restrict the possibilities of

[56] See the Convention on the Rights of Persons with Disabilities, General Assembly resolution 61/106, annex I, article 4, para. 1 (f), (g) and (h), and article 9.

exercising freedom of movement both for persons with disabilities and for older persons, or for the combination of both: older persons with disabilities.

95. Treaty bodies have applied existing norms to older persons despite the lack of a specific instrument on the rights of older persons. In 1995, the Committee on Economic, Social and Cultural Rights adopted General Comment No. 6,[57] which offers a detailed interpretation of the obligations of States parties under the International Covenant on Economic, Social and Cultural Rights as they apply to older persons. Similarly, the Committee on the Elimination of Discrimination against Women is at present discussing the adoption of a general recommendation on older women and the protection of their human rights under the Convention on the Elimination of All Forms of Discrimination against Women.

**Non-discrimination**

96. The prohibition of discrimination is one of the pillars of international human rights law. Discrimination has been defined as any distinction, exclusion or restriction which has the purpose or the effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.[58]

97. The principle of non-discrimination applies to every individual in the consideration of his/her civil, economic, political, social and cultural rights. It is linked to and complemented by the principle of equality and must be carefully crafted into legislation, policies, programmes, procedures and practices. States are required to abstain from discriminating (negative obligations) as well as to take actions (positive obligations) to combat discrimination and exclusion.[59] Any distinction, exclusion or restriction may constitute violations if they have the effect or the intent of impairing or nullifying the exercise of any right by a particular individual.

98. Two international treaties refer to "age" specifically as a prohibited ground of discrimination: article 7 of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and various articles of the Convention on the Rights of Persons with Disabilities which mention age, inter alia, as a potential source of multiple or aggravated discrimination, when combined with disability.[60] Typically, other international human rights instruments list prohibited grounds of discrimination such as race, colour, sex, language, religion or political opinion. While "age" is not explicitly listed as a prohibited ground, the lists are illustrative and non-exhaustive, and usually include an open-ended category ("other status"), which has provided the opportunity for committees to consider "age"-related discrimination.

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[57] See E/1996/22, 8 December 1995, annex IV.

[58] For example, article 1 of the Convention on the Elimination of All Forms of Discrimination against Women and article 2 of the Convention on the Rights of Persons with Disabilities.

[59] See Human Rights Committee, General Comment No. 18 (HRI/GEN/1/Rev.6), pp. 146 ff., 10 November 1989, paras. 7-10; Committee on Economic, Social and Cultural Rights, General Comment No. 20, "Non-discrimination in economic, social and cultural rights" (E/C.12/GC/20), 10 June 2009, paras. 7-9.

[60] See Convention on the Rights of Persons with Disabilities, preamble, para. (p) and article 8, para. 1 (b); article 13, para. 1; article 16, para. 2; article 25; and article 28, para. 2 (b).

99. The Committee on Economic, Social and Cultural Rights has consistently taken this approach and held that age is a prohibited ground of discrimination in several contexts. In this regard, it has called attention to discrimination against unemployed older persons in finding work, or accessing professional training, or in relation to unequal access to universal old-age pensions owing to place of residence.[61]

100. Article 26 of the International Convention on Civil and Political Rights provides for the protection of equality before the law, including a guarantee for effective protection against discrimination on any other ground, and refers to de jure and de facto discrimination. The Human Rights Committee has held that "a distinction related to age which is not based on reasonable and objective criteria may amount to discrimination on the ground of 'other status' under the clause in question, or to a denial of the equal protection of the law", and has confirmed this approach in a number of individual communications.[62]

101. Multiple discrimination, where some individuals face discrimination on more than one ground, is a particularly complex issue. In the preamble to its resolution 7/24, the Human Rights Council expressed its deep concern that "multiple or aggravated forms of discrimination and disadvantage can lead to the particular targeting or vulnerability to violence of girls and some groups of women, such as ... women with disabilities, elderly women, widows ...".

**Vulnerabilities and special protection**

102. Human rights mechanisms have also identified older men and women as being a vulnerable group requiring special measures of protection. Specifically, article 16, paragraph 1, of the Convention on the Rights of Persons with Disabilities requires "age-sensitive" assistance and support for persons with disabilities and their families to prevent exploitation, violence and abuse, including their gender-based aspects, thereby recognizing the particular vulnerabilities of older persons.

103. Violence against women has been understood to encompass, but not be limited to, physical, sexual and psychological violence occurring in the family, within the general community, or perpetrated or condoned by the State, wherever it occurs.[63] Accordingly, from a human rights perspective, States are required to take all appropriate legislative, administrative, social, education and other measures to combat violence and to protect individuals in their private and public spheres, including from the action of their families, relatives and caregivers.

104. The Committee on Economic, Social and Cultural Rights has held that "side by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups".[64] It has consistently included older persons in the list of groups that could potentially suffer disadvantages, vulnerability or

[61] See Committee on Economic, Social and Cultural Rights, General Comment No. 6 (E/1996/22), annex IV, and General Comment No. 20.

[62] See Human Rights Committee, *Schmitz-de-Jong v. The Netherlands*, Communication No. 855/1999; *Love et al. v. Australia*, Communication No. 983/2001, views of 25 March 2003, para 8.2; *Solís v. Perú*, Communication No. 1016/2001, views of 27 March 2006; and *Althammer et al. v. Austria*, Communication No. 998/2001, views of 8 August 2003.

[63] See General Assembly resolution 48/104, article 2.

[64] See Committee on Economic, Social and Cultural Rights, General Comment No. 6, para. 17.

marginalization.[65] Similarly, the Committee on the Elimination of Discrimination against Women has identified older women as a potentially vulnerable and disadvantaged group in its General Recommendation 24 on women and health, and is currently discussing a specific general recommendation on older women.[66]

105. The situation of older persons in old-age institutions and in detention facilities has preoccupied several human rights mechanisms. The Committee against Torture recommended that States parties should prohibit, prevent and redress torture and ill-treatment including, inter alia, in institutions that engage in the care of the aged.[67] The Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment has underscored that the elderly are among the highly vulnerable in general detention facilities and in psychiatric institutions, noting that they suffer double or triple discrimination.[68] The Human Rights Committee has noted "the vulnerable situation of elderly persons placed in long-term care homes, which in some instances has resulted in degrading treatment and violated their right to human dignity".[69]

**Special measures for specific groups**

106. Some human rights mechanisms have addressed the human rights of older persons by acknowledging the need for specific age-group requirements in comparison with other age groups. For example, article 25 (b) of the Convention on the Rights of Persons with Disabilities requires that health services should be "designed to minimize and prevent further disabilities, including among children and older persons". The Committee on Economic, Social and Cultural Rights has recommended that health policies take particularly into account the needs of the elderly, "ranging from prevention and rehabilitation to the care of the terminally ill",[70] and reaffirmed the importance of "periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity".[71] Similarly, the Committee on Economic, Social and Cultural Rights held that that called for suitable lifelong education and training at various levels.[72]

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[65] See Committee on Economic, Social and Cultural Rights, General Comment No. 4, "The right to adequate housing" (E/1992/23), 13 December 1991, annex III, para. 8 (e); General Comment No. 7, "The right to adequate housing: forced evictions" (E/1998/22), 20 May 1997, annex IV, para. 10; General Comment No. 12, "The right to adequate food" (E/C.12/1999/5), 12 May 1999, para. 13; General Comment No. 14, "The right to the highest attainable standard of health" (E/C.12/2000/4), 11 August 2000, para. 12; and General Comment No. 15, "The right to water" (E/C.12/2002/11), 20 January 2003, para. 16 (h).

[66] See A/54/38, para. 6.

[67] See Committee against Torture, General Comment No. 2, "Implementation of article 2 by States parties", (CAT/C/GC/2), 24 January 2008, para. 15.

[68] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment entitled "Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention", 5 February 2010 (A/HRC/13/39/Add.5), paras. 231, 237 and 257.

[69] See Human Rights Committee, "Concluding observations, Germany" (CCPR/CO/80/DEU), 4 May 2004, para. 17.

[70] See General Comment No. 6, para. 34.

[71] See General Comment No. 14, para. 25.

[72] See General Comment No. 6, para. 37.

107. The Committee on Economic, Social and Cultural Rights has also consistently identified accessibility — including physical accessibility — as a key component of the normative content of the rights contained in the International Covenant on Economic, Social and Cultural Rights. In fact, accessibility should be ensured in order to allow the full exercise of rights such as adequate standard of living, including housing and food, water, education and health by older persons.[73]

**The right to social security, and the issue of social protection**

108. Age plays a particularly prominent role in the right to social security, and old age is generally acknowledged as one of the main contingencies of social security in international law. The Committee on Economic, Social and Cultural Rights has recognized that old age is one of the contingencies to be covered by social security, and held that article 9 of the International Covenant on Economic, Social and Cultural Rights, implicitly recognizes the right to old-age benefits.[74]

109. The Committee on Economic, Social and Cultural Rights has also clarified that the right to social security encompasses both contributory, insurance-type schemes and non-contributory, tax-funded schemes (sometimes referred to as "social assistance"). It has underscored that States must take into account the following elements as inherent in the right to old-age benefits:

(a) Appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law;

(b) A retirement age that is flexible, taking into account the national circumstances, the occupations performed — in particular work in hazardous occupations — and the working ability of older persons, with due regard to demographic, economic and social factors;

(c) Provision of survivors' and orphans' benefits on the death of the breadwinner who was covered by social security or receiving a pension;

(d) Provision of non-contributory old-age benefits, within available resources, and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.[75]

110. When considering States parties' reports from developed and developing countries alike, the Committee on Economic, Social and Cultural Rights has noted with concern the low coverage of old-age pensions and the broader context of social protection systems for older persons. The Committee has recommended the extension of the network of integrated health and social care services, including home help, for older persons with physical and mental disabilities; the adoption of a welfare programme enabling older persons to live a decent life; or the application of special measures in poverty reduction strategies to alleviate the extent of poverty

[73] See General Comment No. 4, para. 8 (e); General Comment No. 12, para. 13; General Comment No. 14, para. 12 (b); General Comment No. 15, para. 12 (c) (i); and General Comment No. 21, "Right of everyone to take part in cultural life" (E/C.12/GC/21), 21 December 2009, para. 16 (b).

[74] See General Comment No. 6, paras. 10 and 26-30; and General Comment No. 19, "The right to social security" (E/C.12/GC/19), 4 February 2008, para. 15.

[75] See General Comment No. 6, paras. 27-30; and General Comment No. 19, paras. 4 and 15.

among older persons and that priority be given to home care rather than institutionalization of older persons in need of care.[76]

111. The Committee has also raised concerns about the potential discriminatory impact of old-age pension benefits on specific groups. Concretely, the Committee has requested that comparative statistical data on the levels of old-age pensions, disaggregated by sex, number of children, income groups and other relevant criteria, be provided so as to enable an assessment of the impact of legislation or policies on the pension benefits of women.[77]

112. The independent expert on the question of human rights and extreme poverty has recently addressed the issue of non-contributory or social pensions of older persons as an important dimension of social security systems. Her report stresses the low coverage of contributory pension schemes and highlights that "non-contributory pensions can significantly reduce poverty and vulnerability among old people, in particular for women, who live longer and are less likely to benefit from contributory systems".[78]

**The right to health and the right to adequate housing**

113. The former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health underscored the need for measures to ensure the enjoyment of human rights by older persons in relation to training of health professionals, to the design and implementation of national health systems compliant with a human rights-based approach and, finally, in relation to pharmaceutical companies.

114. When referring to the importance of community participation and information sharing, the Special Rapporteur noted that a national health system "must be responsive to both national and local priorities. Properly trained community health workers such as village health teams know their communities' health priorities. Also, inclusive participation can help to ensure that the health system is responsive to the particular health needs of ... the elderly ... Inclusive, informed and active community participation is a vital element of the right to health".[79]

115. Regarding the right to adequate housing, the former Special Rapporteur on adequate housing developed "Basic principles and guidelines on development-based evictions and displacement", which held that "priority in housing and land allocation should be ensured to disadvantaged groups such as the elderly, children and persons with disabilities. According to the Special Rapporteur, "impact assessments must take into account the differential impacts of forced evictions on women, children, the elderly, and marginalized sectors of society. All such

[76] Committee on Economic, Social and Cultural Rights, Concluding observations: Nicaragua (E/C.12/NIC/CO/4), forty-first session, Geneva, 3-21 November 2008, para. 22; Concluding observations: Serbia and Montenegro (E/C.12/1/Add.108), thirty-fourth session, 25 April-13 May 2005, para. 18.

[77] Committee on Economic, Social and Cultural Rights, Concluding observations: Austria (E/C.12/AUT/CO/3), thirty-fifth session, 7-25 November 2005, para. 25.

[78] See A/HRC/14/31, p. 1.

[79] Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (E/CN.4/2006/48), 3 March 2006, para. 7.

assessments should be based on the collection of disaggregated data, such that all differential impacts can be appropriately identified and addressed".[80]

# VII. Concluding remarks

116. At the onset of the second decade of the twenty-first century, the number of persons aged 60 and over is increasing at an unprecedented pace — anticipated to rise from its current 740 million to reach 1 billion by the end of decade, and possibly 2 billion by mid-century. The majority of older persons live in developing countries where the bulk of the increase will occur.

117. The analysis of the current social and economic status and participation of older persons points to a heterogeneity of situations and rapid and complex changes. A sizeable majority of older persons are female, especially those aged 80 and above; older men are more likely to be married compared to older women; an increasing number of older persons reside in urban areas, although many still live in rural areas; and there are considerable variations with regard to their living conditions, socio-economic circumstances and health status.

118. Older persons in developing countries tend to live in multigenerational households, albeit this tendency has started to decline given changes in family structures spurred by migration and other factors. Older persons in developed countries, on the other hand, are more likely to live alone or with a spouse than with their children. The quality of housing in which older persons reside is often better in developed countries and worse in developing countries when compared to housing of the general population.

119. On average, older persons, particularly the oldest old, tend to be poorer than younger cohorts. In countries where social security and pensions cover the vast majority of the labour force, older persons tend to retire from the workforce at around age 60 or 65, with women typically retiring earlier than men. In less developed regions of the world, where social security and pension programmes cover only a minority of workers, many older persons, especially older men, continue to work out of economic necessity. In the more developed countries, older persons who want to continue working often face age discrimination and mandatory retirement rules. While countries faced with a rapid demographic ageing process increasingly revise existing retirement provisions as part of reform towards greater sustainability of their pension systems, ageist stereotypes and high levels of unemployment continue to undermine older persons' access to the labour market.

120. The past decades have witnessed significant increases in life expectancy in most countries, particularly at older ages. It is unclear whether the increased survivorship of older persons has translated into a healthier life. Among the health conditions that are of increasing concern for older persons are hearing and vision loss, cardiovascular diseases, dementia and obesity. In many countries, older persons do not have sufficient access to health services, and training in geriatric medicine is lagging behind the demand for this type of care. In addition, there is a growing need for long-term care services worldwide, which have traditionally been provided informally by family caregivers but are increasingly being given by paid

[80] Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living (A/HRC/4/18), 5 February 2007, annex I, paras. 31 and 33.

carers. A significant level of abuse and neglect of older persons has been reported, cutting across all economic and social strata.

121. As the number of older persons increases, there is a growing awareness of the significance of active ageing, although ageist stereotypes still persist. Older persons are gradually being recognized for their considerable contributions to intergenerational caregiving, as well as their ongoing involvement in community life. Older persons have become a significant and growing political force, especially in developed countries, and organizations of older persons are helping to ensure that they have a greater voice in decision-making processes. Yet, the literacy and educational attainment of current older populations are far below the general population, which contributes to their exclusion from fuller participation in society and development.

122. International human rights treaties apply to older persons in the same way as to other persons. Although only two international treaties contain an explicit reference to "age" as a prohibited ground of discrimination, human rights mechanisms have applied a number of existing standards and provisions from various human rights treaties to the situation of older persons. Several human rights mechanisms have also identified older men and women as being a vulnerable group requiring special measures of protection as well as suffering from multiple discrimination; notably, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination against Women and the Independent Expert on the question of human rights and extreme poverty. Human rights mechanisms acknowledge the need for age-sensitive legislation, policies and programmes such as in relation to the right to health, the right to adequate housing, accessibility and universal design, and access to justice. Furthermore, old age is one of the main contingencies of social security in international law.

123. In recent years, civil society and public opinion have increasingly addressed the issue of older persons through a human rights perspective. Non-governmental organizations and other stakeholders have advocated that a new comprehensive international instrument to protect the rights of older persons is required. Advocates point to the current lack of a specific instrument, the fragmentation of issues across the existing human rights treaties, the inconsistency in focus adopted by different mechanisms, and the increasing demand for States to adopt comprehensive measures to address the demographic shift. They argue that a specialized committee would provide a focal point and authoritative basis for advocacy, could offer guidance for policymakers, legislators and courts about the rights of older persons and would increase the visibility of the issues of older persons in national law-making and policy design.

124. Others have advocated for the creation of a special procedure mandate under the Human Rights Council with a focus on the rights of older persons, as a clear sign of support from the international human rights machinery for visibility to the issue. They point out that a special rapporteur could play a critical role in shedding light on the many human rights issues which are faced by older men and women around the world, drawing from multiple instruments to develop the scope and content, and could potentially provide guidance and support to States in the design, implementation and monitoring of legislation, policies and programmes addressing the issues of older persons.